



SHOT TALK



Farewell and Best of Luck



On Monday, September 8, 2003, Mark Ritter, Immunization Division Manager announced he will be leaving the San Antonio Metropolitan Health District (SAMHD) on October 18, 2003. Mr. Ritter has accepted a position with the Centers for Disease Control and Prevention (CDC) as a Public Health Advisor. Mr. Ritter's first CDC assignment will be in Austin, Texas working with the Texas Department of Health, Bureau of Immunization and Pharmacy Support.

Mark Ritter started his employment with the SAMHD Immunization Division as a Health Program Specialist on December 12, 1994. He was later promoted to Immunization Division Manager on May 9, 1998. Under Mark's leadership the Immunization Division has become a nationally recognized Immunization Project. The Immunization Division has experienced unprecedented growth due to Mark's initiative, vision,

dedication, and grant writing abilities.

Mark's departure from the SAMHD will be bitter sweet for those that work with and for him. On behalf of the Immunization Division we wish Mark Ritter continued success and fulfillment as he embarks on his career with the Centers for Disease and Control Prevention.

Adios y Buena Suerte!

Flu Vaccine and VFC

The San Antonio Metropolitan Health District's Vaccines for Children (VFC) Program will be offering influenza vaccine to VFC providers for the first time this flu season. On June 20, 2002, the Advisory Committee on Immunization Practices (ACIP) adopted a resolution expanding the group of children eligible for influenza vaccine coverage under the VFC Program. The resolution extends VFC coverage for influenza vaccine to all VFC-eligible children aged 6-23 months and VFC-eligible children aged 2-18 years who are household contacts of children <2 years of age. Children ≤23 months of age are considered at substantially increased risk for influenza-related hospitalizations according to the ACIP. The resolution became effective on March 1, 2003 for vaccine to be administered during the 2003-04 influenza vaccination season and subsequent seasons.

Influenza vaccine is recommended annually for children aged 6 months through 18 years who have a high-risk medical condition or are household members of a person at high-risk for complications may receive influenza vaccine through the program. Groups of children with high-risk medical conditions include those who 1) have chronic or acute pulmonary, cardiovascular, immunosuppression, and/or metabolic disorders; 2) are receiving long-term aspirin therapy; 3) are residents of long-term care facilities; and 4) are adolescent females in the second or third trimester of pregnancy during the influenza season (typically November-March).

VFC providers who wish to offer the influenza vaccine to their VFC-eligible patients can start requesting it as part of their routine vaccine orders. The vaccine code will be FPF and vaccine labels will be supplied. Since supplies are limited, provider orders will be closely monitored and conservative influenza vaccine orders are encouraged as there is no flu vaccine uptake data to base orders on. VFC providers are reminded to use the SAMHD supplied influenza vaccine exclusively for VFC eligible patients that are in the indicated groups. To order vaccine fax your current VFC vaccine inventory and order to 922-9938. If you have any VFC eligibility questions please contact Vivian Flores at 207-2868.

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Flu Season 2003

The San Antonio Metropolitan Health District will begin administering flu vaccine in October at select senior nutrition centers, and senior programs throughout the city. On October 13, the SAMHD will open the following four locations which will offer influenza and pneumonia vaccine: Westlakes Mall, Windsor Park Mall, Las Palmas Wellness Center, and Dorrie Miller. These locations will operate from 9:00 a.m.–2 p.m. Monday-Thursday until November 21, 2003.

The best months to receive a flu shot are October, November, or December, this allows the body to produce adequate antibodies to provide protection during the peak of the flu season. December through March are peak months for influenza activity. Anyone who wants to prevent the flu is encouraged to get their flu shot. The influenza vaccine is especially encouraged for persons 65 years or older, children 6-23 months old, adults and children with chronic health conditions (asthma, diabetes, heart disease, etc.), and women more than three months pregnant during the flu season.

The cost of receiving a flu shot at SAMHD locations will be \$15.00 and the cost for the pneumonia vaccine will be \$20.00. Patients who have Medicare, Medicaid, CareLink, Community First, or CHIP, and present a valid card at the time of the vaccination are eligible to receive a flu shot at no cost. For a list of locations and times, please call (210) 207-8750. For more influenza information contact Sandra Sandoval at 207-2084.

Prestigious Award Received

The SAMHD Immunization Division received the 2003 Excellence in Immunization Award from the National Partnership for Immunization (NPI) on July 31, 2003 at the National Press Club in Washington, D.C. The NPI Excellence in Immunization Award

highlights innovation in immunization services and recognizes individuals and groups for promoting the importance of immunizations across the lifespan. The SAMHD was honored along with other organizations as part of the activities to kick-off National Immunization Awareness Month (NIAM) in August. This national award was given to the SAMHD in honor of its work with the Racial and Ethnic Adult Disparities in Immunizations Initiative (READII), a two-year federally funded demonstration project.

This initiative is focused on reducing racial and ethnic disparities in influenza and pneumococcal immunization coverage for Hispanics 65 years of age and older. San Antonio READII works collaboratively with 26 partners to raise awareness and promote the importance of immunizations for the elderly. Bilingual educational messages stressing the need to get immunized against influenza and pneumonia have been distributed through brochures, television, and radio commercials. Approximately 24% of the seniors receiving their flu and pneumococcal shots during the 2002-03 flu season did not receive those vaccines the previous year. During the 2002-03 influenza season 41% of vaccine recipients aged 65 years and older were Hispanic. For more information on READII contact Rita Salazar at 207-8877.

RSV Program

Respiratory syncytial virus (RSV) is a viral infection that causes lower respiratory infections in children under two years of age. The symptoms of RSV infection are similar to a cold initially, but may progress to difficult and rapid breathing, which may require repeated and lengthy hospital admissions. Those children determined by their physician to be at high risk can develop more severe infections and complications. Approximately 90,000 hospital-

izations and 4,500 deaths are caused by RSV every year.

Synagis (palivizumab) is a monoclonal antibody used in the prevention of RSV in infants and young children at increased risk due to prematurity and/or chronic lung disease. Synagis is administered by injection once a month during the RSV season (October to March). In the last five years, Synagis has been successful in preventing or greatly reducing the incidence and complications from RSV infection in high-risk children. Each year the San Antonio Metropolitan Health District administers Synagis to high-risk children upon referral from their primary physician. Synagis is administered by appointment only at the San Antonio Metropolitan Health District Immunization Center at 345 W. Commerce. For more information on the Health Department's RSV/ Synagis program please contact Diane Haskins, LVN, at 207-2859 or Brenda Lemke at 207-6916.

Record Numbers Attend Back-to-School Clinics

On August 1, 2003, a new immunization requirement and the resumption of vaccine supplies have made the 2003 back to school season truly a challenge for parents and providers. In order to help San Antonio parents and students comply with the state regulations for Texas schools, the SAMHD co-sponsored five Back-to-School immunization clinics. These clinics were sponsored and co-organized by 99.5 KISS radio, District 6 City Councilman Enrique Barrera, Northside Independent School District, Northeast Independent School District, San Antonio Independent School District, and KTSA/KTFM radio.

This has been an excellent example of community collaboration! Because of the efforts of so many this



years' Back to School immunization season broke all the previous records.

Advertising and promotional campaigns for Back to School 2003 attracted 5,070 school-age children who received a combined total number of 7,405 doses of vaccine. This far exceeded anyone's expectations! Congratulations and thanks to all of our partners, sponsors, and staff that helped to make 2003 a successful Back-to-School campaign. Your concern, cooperation and support helped to ensure that our children are not only prepared for school entry but more importantly, are protected against vaccine preventable diseases! Inquiries regarding the 2003 Back to School Immunization drives can be directed to Pamela C. Williams at 207-2869.

Conscientious Exemption

On June 10, 2003, the Governor signed House Bill 2292 that included an amendment allowing an exemption to immunization requirements for reasons of conscience, including religious beliefs. Effective September 1, 2003, exemptions from Texas immunization requirements for school and day care entry may be granted by school officials provided the parent or guardian submits an official Texas Department of Health affidavit to the school.

Guidelines for Requesting an Exemption for Reasons of Conscience:

- Only official forms developed and issued by the Texas Department of Health (TDH), Immunization Division, will be accepted by the school. No other forms or reproductions will be allowed.
- Written requests must be submitted through the U.S. Postal Service, commercial carrier, or by hand-delivery to:
TDH Bureau of Immunization and Pharmacy Support
1100 West 49th Street
Austin, Texas 78756

The letter must include the following information:

- Full name of each child for whom a form is requested (first, middle, and last);
- Date of birth of each child for whom a form is requested;
- Parent or legal guardian's complete return mailing address, including zip code; and
- Number of forms needed for each child (not to exceed five forms per child)

Email, telephone, or facsimile requests cannot be processed. The official Texas Department of Health affidavit form must be notarized and submitted to school officials. The form is only valid for 90 days after it is notarized. For more information contact the Texas Department of Health at 1-800-252-9152.



Site Visits Benefit Providers

Have you had a Quality Assurance/AFIX (QA/AFIX) visit this year? It's not too late to schedule one for 2003. The QA/AFIX Team is still scheduling site visits at VFC provider offices in San Antonio and throughout Bexar County. Site visits provide valuable information to providers on their immunization practice patterns and immunization rates. The objective of the site visit is to ensure that VFC enrolled providers are immunizing patients according to the Advisory Committee on Immunization Practices (ACIP) and Vaccines For Children (VFC) Program guidelines. Each visit is designed to help identify possible barriers to immunization that may result in low vaccination coverage or missed opportunities for immunization. The primary role of the QA/AFIX Team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities. **QA/AFIX Team is available to help you!!**

The members of the QA/AFIX team would like to thank the following providers and their staff for

participating in the QA/AFIX site visit process during this past quarter:

Stone Oak Pediatrics, Centro-Med Southside Clinic, University Physicians Group-Diagnostic Pavilion, Office of Dr. Sanchez, Dr. Ruiz-Healy, Pinkston Family Practice, Valley Clinic, University Center for Community Health Family Medicine-Zarzamora, Universal City Minor Emergency Center, Blanco Road Medical Clinic, APAC Family Clinic, Children's Health Center, Dr. Al-Shalchi, Pediatric Medicine, I.H.-10 DeZavala Road Clinic, Nusrat Medical Center-Dr. Aziz, Office of Dr. Montemayor, Trinity Care Center, Office of Dr. Trevino, Northwest Pediatrics Associates, Kellum Medical Clinic-Marbach, Gamboa Medical Center-General McMullen, University Family Health Center-North, Leon Springs Pediatrics, Dr. Luna, School Based Health Center-John Glenn Elementary, School Based Health Center-Harmony Hills Elementary, Dr. Tabet, Clinica Medica Internacional, DeZavala Family Practice, Child Care Associates, Tejas Pediatrics, Barrio Comprehensive Family Health Center, Bandera Family Health Care, University Family Health Center-Southeast, Dr. Guimbarda, San Antonio Pediatric Associates-Main, San Antonio Pediatric Associates-Dr. Jalomo, South San Antonio Family Practice, Battered Women's Shelter/La Paloma Centro-Med, Family Clinics of San Antonio, Dr. Cuming, Dr. Varela, Dr. Wascher, Infant's Shelter, Dr. Cantu, Dr. Aguirre, Dr. Karam, South Alamo Pediatric Center, South San Antonio Medical Associates, San Antonio Pediatric Associates-San Saba, and Health Texas Medical Group.

Congratulations are in order for the following providers that achieved impressive immunization coverage rates during the past quarter: Office of Dr. Montemayor (100%), San Antonio Pediatric Associates-San Saba (96%), Tejas Pediatrics (95%), Barrio Comprehensive Family Health

Center (93%), Dr. Varela (91%), Leon Springs Pediatrics (90%), San Antonio Pediatric Associates (89%), Stone Oak Pediatrics (88%), Dr. Jalomo (88%), and Dr. Ruiz-Healy (84%). These facilities worked proactively to ensure that over 80% of the children seen by their practices are up-to-date on their required immunizations of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3 Hep B by 24 months of age. All of these facilities invested substantial efforts towards improving children's immunization coverage levels within their practices. **JOB WELL DONE!! Keep up the great work!!**

Special congratulations go out to the **Office of Dr. Montemayor**. Dr. Montemayor's office has once again succeeded in surpassing the National Immunization Program (NIP) goal of 90% immunization coverage for the 4:3:1:3:3 series. This is the second consecutive year that **Dr. Montemayor's office has successfully received a perfect score of 100%** for their immunization coverage level. Dr. Montemayor's office is among the VFC Stars (those who have achieved the NIP goal of 90% immunization coverage) along with the following VFC providers; **Kellum Pediatric Clinic-Marbach (96%), San Antonio Pediatric Associates-San Saba (96%), Tejas Pediatrics (95%), First Steps Pediatrics (94%), Barrio Comprehensive Family Health Center (95%), Dr. Varela (91%), and Leon Springs Pediatrics (90%).**

Immunizing on time is definitely a top priority for these facilities. Impressive work!! We would like to once again **Thank You** for your outstanding dedication and commitment toward keeping the children in our community healthy. Your continued participation in our VFC Program is sincerely appreciated, we commend you all for the excellent work you do!!

VFC providers are encouraged to use the Clinical Assessment Software

Application (CASA) to simplify keeping patient's immunization status up-to-date. The software is free of charge and the QA/AFIX staff is available to assist with training and installation. For more information or to schedule a site visit, please contact Kenya Wilson at 207-3974.

VFC Program Grows and Grows

2003 continues to be a record breaking year for expansion of the VFC Program. The VFC staff would like to officially welcome the following providers to the VFC Program:

Dr. Cynthia Villareal

Dr Maged George
Bromley Medical Group

Dr. Jose Reyes

Quinones Family Medical Clinic
Generations Family Medicine

Welcome Aboard!



Perinatal Hepatitis B Prevention Program

According to current Texas Statutes (Texas Administrative Code Title 25, Part 1, Chapter 97), a physician or other person permitted by law to attend a pregnant woman, must test that pregnant woman for HBsAg on her first visit and at the time of delivery. This test must be performed with each pregnancy regardless of her hepatitis B vaccination status.

Hepatitis B is a reportable disease in Texas, and therefore, must be reported to the San Antonio Metropolitan Health District. Any pregnant woman who tests positive for HBsAg must be reported to SAMHD and the Perinatal Hepatitis B Prevention Program. This is accomplished by completing a SAMHD referral form and faxing it to 224-9853, or by calling the Hepatitis B Program at 207-2088.

As is often customary, a copy of the positive HBsAg lab results should accompany the other prenatal records when they are submitted to the hospital, prior to the patient's delivery date. This will ensure that the staff in the labor and delivery and the newborn nursery unit will have advanced notice if the HBsAg status of every woman and newborn in their care. In addition, it would be advisable to always make sure a copy of the mother's prenatal lab reports are put in the infants' medical records. This will ensure that each infant born to an HBsAg positive mother will receive timely and proper immunoprophylaxis.

Hospitals are encouraged to establish protocols to ensure; (1) administration of the first dose of hepatitis B vaccine to all newborns prior to discharge, (2) that all prenatal women are screened for HBsAg, (3) those infants born to HBsAg-positive mothers are appropriately managed to prevent hepatitis B infection. ***Don't let any mothers or infants slip through the cracks!***

If you provide pediatric care to newborns, knowing the HBsAg status of the mothers will help assure that no babies are infected with the hepatitis B virus due to clerical or record error. It is important to remember that infants born to HBsAg positive women should receive Hepatitis B Immune Globulin (HBIG) and the first dose of hepatitis B vaccine within 12 hours of birth. These infants also must be followed and post vaccination testing conducted 3-9 months after the last hepatitis B vaccine dose is administered to determine antibody response. In addition, the SAMHD would encourage you to make sure that all newborns under your care receive the first dose of hepatitis B vaccine at birth before they are discharged from the hospital.

The SAMHD's Perinatal Hepatitis B Prevention Program provides free educational and

outreach activities and assistance for pregnant women that are positive for hepatitis B. Follow-up services, including testing and immunizations, are also provided at no charge for their infants and household contacts. With the help of physicians, nurses, medical staff, and public health working in partnership we can make sure no baby goes untreated. The reporting of all HBsAg-positive mothers can help eliminate the spread of hepatitis B infection. For more information on Hepatitis B you may contact Rose Vasquez, LVN, at 207-2091 or Tom Gonzalez, MLT, at 207-2088.

Rubella and Pregnancy

Rubella can be a disastrous disease if contracted in the early gestational period during pregnancy. It can often lead to fetal death, premature delivery, and an array of congenital defects. The disease is caused by the replication of the rubella virus in the nasopharynx and regional lymph nodes. The disease is most contagious when the rash is erupting but the virus may be shed from 7 days before to 5-7 days after rash onset. The symptoms of the disease are often mild and may not be readily detectable in approximately 20-50% of the cases. These sub-clinical cases may transmit the virus to others including pregnant women.

Efforts should be made to identify and vaccinate susceptible adolescents and adults, particularly women of childbearing age who are not pregnant. To protect the susceptible individual, two doses of rubella vaccine as part of the MMR (measles, mumps, rubella) vaccine separated by at least 28 days are routinely recommended. Please note that birth before 1957 is NOT acceptable evidence of immunity to rubella for a woman of childbearing age.

On October 18, 2001, the Advisory Committee on Immunization Practices (ACIP) reviewed data indicating that no cases of congenital rubella syndrome

(CRS) has been identified among infants born to women who were vaccinated inadvertently within three months or early in pregnancy. Therefore, the ACIP shortened the recommended period to avoid pregnancy after receipt of rubella containing vaccine from 3 months to 4 weeks.

The SAMHD Rubella Susceptible Program tracks pregnant women who serologically test negative (less than 10 IU/ML) for rubella immunity. Once a physician reports a woman who is susceptible for rubella a letter is sent to her explaining when she should be vaccinated. The optimum time to receive the rubella vaccine is immediately after she delivers, and before she leaves the hospital. If for some reason the rubella vaccine is not received in the hospital, the Rubella Susceptible Program is designed to provide a "fail-safe" system to ensure she gets vaccinated. This system protects her and any children she may give birth to in the future. Rubella is a reportable disease to the SAMHD Rubella Susceptible Program. For more information on reporting or to refer a client please call Rose Vasquez, LVN, at 207-2091 or Tom Gonzalez, MLT, at 207-2088.

Hepatitis A Vaccine study

The San Antonio Metropolitan Health District will be conducting a Hepatitis A vaccine trial in conjunction with GlaxoSmithKline (GSK) using their Hepatitis A vaccine, Havrix. In the United States, hepatitis A continues to be one of the most frequently reported vaccine-preventable diseases. In 1996, hepatitis A vaccine was recommended by the Advisory Committee on Immunization Practices (ACIP) for some groups at high risk for infection. However, in 1999, after a review of epidemiological data, recommendations were expanded to include routine vaccination of populations with consistently elevated rates of disease.

The critical role that children play in disease transmission has led the Centers for Disease Control and Prevention (CDC) to incorporate hepatitis A vaccination into the routine childhood immunization schedule, for selected populations. As of August 1, 2003, due to Hepatitis A incidence rates, the Texas Department of Health added the following counties to the hepatitis A vaccine requirement Bexar, Grayson, Moore, Nueces, Potter, Randall, and Terry counties. For students residing in these counties, and 32 previously identified counties, hepatitis A vaccine is required for students born on or after September 2, 1992.

Vaccinating children younger than two years of age would be an effective means of breaking transmission and reducing the incidence of this disease. The primary objective of this study is to demonstrate non-inferiority of the anti-HAV immune response 31 days following the second dose of Havrix when the first dose of Havrix is co-administered with other childhood vaccines compared to Havrix given alone. This clinical trial is composed of five visits and corresponding telephone follow-ups over an approximate 16 month timeframe. During this time, serology is collected at specified times to ensure that clients enrolled have attained proper immune response. The SAMHD is planning on enrolling 60 healthy one year old clients into this study, for more information please call Brenda Lemke at 207-6916 or Marcela Martinez at 207-3968.

Combination Vaccine Study

The San Antonio Metropolitan Health District (SAMHD) will be collaborating with Aventis Pasteur to conduct a two stage clinical research study at the SAMHD Main Immunization Clinic downtown. The objective is to determine if Prevna® (pneumococcal conjugate, 7 valent, Wyeth vaccine) interferes with the immune responses when administered along with Pentacel™ a pentavalent vaccine (DTaP, Hib, and

IPV antigens). The Pentacel™ vaccine reduces the number of injections while maintaining a high level of protection against vaccine-preventable diseases. Eligible participants include healthy infants, two months of age, who were at least thirty-six weeks gestational age at the time of delivery. Infants must have also received one dose of the Hepatitis B vaccine. The study consists of nine visits over a sixteen-month period and blood samples will be drawn from enrolled subjects. Individuals participating in the study will be financially compensated and offered recommended immunizations free of charge. For more information please contact Marcela Martinez at 207-3968.

Hep A & B Vaccine Trial

The SAMHD is also conducting a Hepatitis vaccine study at the Main Immunization Clinic downtown in cooperation with GSK. Eligible subjects include healthy adults who have not already been exposed to Hepatitis A or Hepatitis B or received either vaccine.

Before traveling abroad Hepatitis A and Hepatitis B vaccines are routinely recommended. This study consists of administering Hepatitis A and Hepatitis B vaccines on an accelerated schedule, which would benefit those individuals who are required to leave the country on short notice. In addition, the Hepatitis B vaccine is important for adults in high-risk professions or for individuals living a high-risk lifestyle. For more information please contact Marcela Martinez at 207-3968.

Allergies and Vaccine

Gelatin is contained in some vaccines to protect vaccine viruses from adverse conditions such as freeze-drying or heat. Gelatin is a protein formed by boiling skin or connective tissue. Gelatin is used to stabilize vaccines so that they remain effective after manufacture. All gelatin contained in vaccines is porcine in origin.

In 1993, Kelso and co-workers reported the case of a 17-year-old girl in California who developed a severe allergic reaction (hives, low blood pressure, runny nose and lightheadedness) within five minutes of receiving an MMR (measles, mumps and rubella) vaccine. Her symptoms resolved after treatment with epinephrine. When later describing the event, the girl stated that it was "kind of like what happens when I eat Jell-O." Subsequent testing found that the only component of the vaccine to which this girl was allergic was gelatin.

Studies in Japan confirmed the findings of Kelso and colleagues that severe allergic reactions to MMR vaccine were associated with the presence of antibodies in the blood directed against gelatin. Although the incidence of anaphylaxis to gelatin is extremely low (about one case per 2 million doses), gelatin is the most common identifiable cause of severe allergic reactions to vaccines.

Some people with severe allergic reactions to gelatin have a history of allergies to foods that contain gelatin. This is explained, in part, by similarities between the bovine gelatin contained in many foods and the porcine gelatin contained in vaccines. Therefore, it would be of value to know about possible allergies to gelatin before getting a vaccine that contains gelatin. People with severe allergies to gelatin should avoid gelatin-containing vaccines.

Egg allergies occur in about 0.5 percent of the population and in about 5 percent of children with allergies. Because influenza and yellow fever vaccines are both made in eggs, egg proteins (primarily ovalbumin) are present in the final product. Residual quantities of egg proteins found in the influenza vaccine (i.e., about 0.02-1.0 ug per dose) are sufficient to induce severe and rarely fatal hypersensitivity reactions in children with egg

allergies. Unfortunately, children with egg allergies also have other diseases (such as asthma) that are associated with a high risk of severe and occasionally fatal influenza infection. For this reason, protocols have been developed to administer influenza vaccine safely to children with severe egg allergies.

In contrast to influenza vaccine, measles and mumps vaccines are propagated in chick embryo cells in culture - **not** in eggs. The quantity of residual egg proteins found in the MMR (measles, mumps and rubella) vaccine is about 40 pg — a quantity at least 500-fold less than those found for influenza vaccines. The quantity of egg proteins found in MMR is not sufficient to cause severe allergic reactions, and children with severe egg allergies can receive measles and mumps vaccines safely.

Source: The Children's Hospital of Philadelphia—Vaccine Education Center www.chop.edu, September 12, 2003

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Immunization Resource Sites

SAMHD: www.sanantonio.gov/health

TDH: www.tdh.state.tx.us

CDC: www.cdc.gov/nip

IAC: www.immunize.org